

All discussions of mental health in Iowa must include the needs of both children and adults. Explicitly include children ages 0-18 in all new mental health planning and policy, including access centers and hotlines. If kids are not written in, they are written off!

By investing in a children's mental health system, early intervention and prevention reduces the incidence, prevalence, personal toll, and fiscal cost of mental health in the adult system. Our legislative priorities cover both adults and children.

**Priority #1:** Increase the numbers and capacity of the **Mental Health workforce**. Additional services and better access cannot be accomplished without an adequately trained workforce. Building an adequate workforce also means more jobs for Iowans - an economic benefit.

- Adequately staff the Iowa Dept. of Public Health to pursue building the health workforce.
- Implement incentives to recruit and retain mental health professionals at all levels of service.
- Effective incentives can include but not be limited to:
  - loan forgiveness programs which are not necessarily restricted to "Health Professional Shortage areas"
  - opportunities for fellowships and internships
  - start-up funding to expand the number of training locations for specialties most needed
  - grants to assist with tuition and books (*similar to the state grant program for Applied Behavioral Analysts*)
  - incentives to attract professionals trained elsewhere to practice in Iowa and encourage their retention
  - provider rate reimbursements should be on parity to other medical specialties and at a level that covers provider actual costs
  - provider rates should reflect higher pay for assistance with persons with complex needs, challenging behavior and substantial support needs (higher acuity)
  - incentives for employers to hire peer specialists and family peer specialists in more employment categories and complete training

**Priority #2: Stop the bleeding: Stop cutting the very few children's resources that exist:**

- Restore the \$10.9 million reduction to the Children's Mental Health Waiver fund
- Do not allow MCO's to reduce Pediatric Integrated Home services
- Do not cut funding for the few Systems of Care in Iowa
- Stop cutting Autism and the Medicaid Medically Needy programs

**Priority #3:** Improve **funding** for the Iowa mental health system

- Remove the property tax cap for the adult system
- Establish a funding stream for a children's system and start with statewide crisis services
- Dismantle SF 504 contents to **prevent** the mental health system **financial safety net** from **collapsing**. SF 504:
  - requires counties to pay down their excess cash to -0- in two years
  - has removed the legal capacity for regions to build core plus services
  - leaves Polk County in a negative balance cash position indefinitely
  - flatlines Broadlawns cash reserves by requiring them to pay \$7 million to Polk County every year

**Priority #4:** Children's **Mental Health Training for School Personnel**

- Require children's mental health training for all new teachers and at least two hours annually for all current teachers.

**Priority #5:** Achieve **telehealth parity** for reimbursements from all private and government insurance sources

**Priority #6:** Make needed **changes to commitment** chapters 229 and 125. Establish a legislative workgroup to make recommendations.

**Priority #7:** Include in legislation the **recommendations stated in the complex needs workgroup report** Include in core services (mandated).

- Access Centers
- Assertive Community Treatment (ACT) teams
- Intensive residential community services
- Tertiary care
- Eliminate the Iowa code that limits the number of sub-acute care facility beds
- Direct the Department
  - To establish a single set of provider qualifications and access standards for Chapter 24 accreditation, Medicaid enrollment, MHDS Region standards and MCO utilization review standards.
  - To establish access standards where Regions can locate and share specialized intensive services

**Priority #8:** Establish a **statewide referral system** (*as long as we have services for children and adults that we can make referrals to*).

#### **When it comes to Mental Health, Iowa leaves kids behind**

- Currently, there is no funding stream or point of accountability.
- There are no core mental health services for Iowans under 18.
    - Children are not covered by the Mental Health Regions
    - The Mental Health Tax Levy does not cover children.

#### **This is not only wrong, it's foolish**

- 50% of all lifetime cases of mental illness begin by age 14 & 75% by age 24.
- Treatment of mental illness reduces disability, leads to recovery and resilience and is most effective during the brain's development from birth to age 26.
- The average delay between symptoms and intervention is 8-10 years. But early intervention reduces life-long disability, increases resiliency, prevents drug abuse, incarceration, unemployment and homelessness, which have high financial and human costs to our state.